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Dated 14th August, 1798,

O N T H E N E W M O D E O F T R E A T I N G

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E X T R A C T
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L E T T E R, &c.

DURING the period I had the honour of serving as Surgeon in the Royal Navy last war, a period which has given rise to a new order of things in both hemispheres, and to which the present political calamities of Europe may in a great measure be attributed, I observed, with unavailing regret, a great number of brave and able seamen annually rendered useless to the public service, to themselves, and their families, owing to the dreadful ravages made by old, and what was then deemed incurable Ulcers. A knowledge of this circumstance alone ought to have been sufficient to excite the feelings and rouse the attention of every
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medical man to efforts for preserving the lives, and alleviating the miseries of so valuable a class of the community, on whose health and valor the prosperity and independence of Britain depend.

During the years 1780 and 1781, there was scarcely a ship, in what is usually denominated the Channel Fleet, that had not a vast many men afflicted with large spreading Ulcers on various parts of the lower extremities ; and this was pretty generally the case in all the ships which were during the following years stationed in the West-Indies, a melancholy proof of the little progress made towards acquiring any just ideas respecting the theory and treatment of Ulcer.

It has not unfrequently happened to men of war on long voyages to have been reduced to much distress, in consequence of a number of the crew being disabled by bad Ulcers. Patients affected with ulcerated extremities remain under the care of the Surgeon on board the ships of war for a longer or shorter space of time, according as circumstances or convenience suits him ; and, after having exhausted his skill, and often his patience too, at the small progress he makes towards a cure, he is at last reduced

duced to the disagreeable necessity of sending them on shore to some naval hospital, quite dissatisfied with his unsuccessful practice, and lamenting the very limited knowledge he possesses with respect to the proper mode of treating Ulcer. Here they continue probably many weeks; and several are ultimately turned out as incurable, or suffer the no less afflicting alternative of having the limb amputated. That this representation is not an exaggerated picture, the Board itself will, I have no doubt, bear ample testimony. Every one long conversant with the naval service can, doubtless, enumerate various instances of the evil consequences of this disgusting malady.

To this branch of Surgery I paid the most unremitting attention, and from the frequent disappointments which I experienced in the course of a very extensive practice, I left no author, ancient or modern, that had written on the subject, and which could be procured, unexplored: but I am much concerned to observe, that after having attended carefully to their different methods, neither what I learned from them, or from the efforts made on my own part to alter and improve on their practice, were attended with much additional success; the application of a roller excepted,
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from which manifest advantages were certainly derived.

The most celebrated external remedies and applications, consisting of ointments of various descriptions, astringent lotions and powders, although sanctioned by great names, yet, on being subjected to the test of accurate experiment, appear to be equally inert, and to possess little or no specific powers in the cure of old Ulcers. The variety of internal remedies given under the name of alterative and sweetening medicines were not attended with better effects than those of the preceding class. I have administered Bark, Cicuta, Calomel, Antimony, Elix. Vitriol. and Opium, with the Dec. Sarsap. &c. &c. but never could perceive that much ground was gained by these powerful remedies. In short, we were in a state of ignorance with respect to any considerable advancement made towards the proper mode of treating this afflicting distemper.

Such was the imperfect state of our knowledge on this important subject, when the Board honored me with the appointment of Surgeon to Prisoners of War at Norman Cross. In this station I have had often occasion to lament the little confidence I could place in my own abilities, on the interesting point in question.

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Among a body of five thousand men and upwards, great part of whom had been prisoners between three and four years, consisting of Europeans, people of colour, and African Negroes, it may be easily conceived that many must have been affected with the worst species of Ulcer. In fact, a third of the whole number in the hospital, nearly, consisted of those laboring under this disease, and several with the most aggravated kind. As the most illiberal and unjust reports were at this time in circulation, respecting the bad treatment of the French prisoners ; and as the Government of France countenanced and assiduously propagated the foul aspersion, for the base purpose of exciting an odium against the British nation, I became (if possible) still more anxious and attentive to every description of disease. But among the great variety, which unavoidably fell under my inspection and care, none gave more trouble, and less satisfaction, than the ulcerated patients. I have been frequently baffled for many weeks, nay months, in endeavors to heal an old sore, originally not larger in circumference than a shilling ; and such was the chagrin I felt at these repeated disappointments, after having in vain tried, with the utmost patience and perseverance, all the methods so confidently boasted of by different writers

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that I consulted every French surgeon in the prisons, respecting their practice and knowledge, hoping from these sources some better information; but, alas! the landmarks of surgical science were not, in the smallest degree, removed beyond their ancient boundaries, by any new lights these gentlemen were able to throw on the subject.

Considering it now a disease, incapable from its nature of further elucidation, or improvement, I was on the point of giving up all farther research, though reluctantly, when Mr. Baynton's excellent pamphlet fell into my hands, which revived a hope that the subject was not exhausted.

From the bad success attending all former theory and practice, the mind was ready to embrace any new system, however apparently absurd, or problematical, that might be; but, on reading the publication alluded to, I was forcibly struck with the simplicity of the plan proposed and recommended by Mr. Baynton. It is true, I felt somewhat sceptically inclined with regard to the sanguine hopes he held out respecting the success of his practice on foul, sanious, and foetid ulcers.

The theory was in direct opposition to common reason and common observation. A strip of cotton, spread with adhesive plaister circularly applied, and drawn firmly about the limb, with the two extremities overlapping each other two or three inches, was not (agreeably to the ordinary mode of thinking) likely to assuage pain, produce well concocted pus, and dissolve the callous edges of ill conditioned sores of long standing. All this it will, however, most assuredly perform, with the greatest certainty, if the directions of the author are attended to with any degree of common care.

The whole process consists in applying the strip, or strips of plaister, properly, agreeably to the size and extent of the part diseased, and then supporting the entire limb with a spiral roller neatly and exactly applied. The dressings are advised to be kept continually moist by cold water poured all over the parts to prevent inflammation, or any considerable degree of uneasiness. On each renewal of the dressings the retracted skin is gradually to be brought nearer together, so that the cicatrix, when healed, will be very small.

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The plaister employed consists of diachylon and yellow resin, in the proportion of 4 ounces of the former to one drachm of the latter, melted together, and, when nearly cold, it is to be spread on pieces of smooth porous callico, of convenient length and breadth, thinly and equally. The pieces thus prepared must be cut into slips of from $1\frac{1}{2}$ inch to 3 in breadth, and sufficiently long, so that when passed round the limb an end of 4 inches may remain. The middle of a slip so prepared is to be applied to the sound part of the limb, opposite to the inferior part of the Ulcer, so that the lower edge of the plaister may be placed about an inch below the edge of the sore, and the ends should then be drawn over the Ulcer with as much gradual extension as the patient can well bear; other slips should be secured in the same way, each above the other, until the whole surface of the sore, as well as an inch above and below the diseased part, is completely covered with the plaister.

To those who have not experienced the very extraordinary effects of this simple practice, it will not be easy matter to persuade them of the rapid and wonderful change that takes place for the better in the foulest Ulcer, attended with a profuse discharge.

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I have observed more amendment arise in twenty-four hours, from this mode of treatment, than that which followed the most labored and unwearied application of several months in the old way.

When I first introduced this practice into the hospital, at Norman Cross, there were about twenty patients who had been under my care from five to ten weeks, with large spreading Ulcers on the lower extremities. A few were absolutely worse than when first admitted, others, after having advanced to a certain degree of amendment, had been for some time past completely at a stand. Several, particularly seven, had deep foul Ulcers, with an ichorous and corroding discharge; of these, three had the sores situated a little above the internal malleolus of the left leg, extending obliquely over the tibia; two had them seated above, and partly on the external malleolus of the right leg, embracing the lower extremity of the fibula, with several small sores on the left; and the remaining two had, one five, the other four Ulcers of considerable extent, chiefly on the middle and inferior part of each tibia, and a very large one on the gastrocnemius and soleus muscles. It would be endless to particularize the extent, situation, and condition

dition of the Ulcers on all the other patients, or to give the history of every case which occurred, as a volume would scarcely suffice. It will be sufficient to observe, that of all the cases here mentioned, and above fifty others since that period, not one required more time than from ten to twenty-five days to effect a perfect and complete cure. In many of them the most incredible alteration for the better took place in the short space of twenty-four hours. Ulcers, which before discharged a thin ichorous fluid, and which, from its acrid nature, often excoriated the neighbouring parts, were, in less than forty hours, so much amended, that the discharge became greatly diminished in quantity, altered in quality, and the whole surface put on an healthy appearance. A foul Ulcer, closely covered over without the smallest outlet for the pent up matter, or any soft porous body, interposed to absorb the before copious and irritating discharge, would probably give, to the generality of common observers, the idea of pain, inflammation, and their consequences,—fever.

There were about from fifteen to twenty Dutch prisoners who had been wounded in the action off Camperdown by shot, splinters, &c. sent to the hospital

pital at Yarmouth, and, after a stay of some weeks there, were removed to Norman Cross as cured, but, on their arrival, I found that their wounds, either from neglect or some other cause, had for the most part degenerated into real Ulcers. Some, it is true, had been quite cicatrized, but from the irregular and unscientific manner the lips or edges of the divided cuticle had been brought into contact, the wounds on the slightest bodily exertion broke out again. Eight of these men continued to resist all the efforts of the old plan, and, for a month, little or no progress was made towards cicatrization, but, in less than fifteen days after the introduction of the new plan, they were all discharged completely cured.

Such was the very unfavorable appearance of the state of these patients, that the superintendant, during my absence in town, returned them to the Transport Board, as fit objects to be sent to Holland; but a fortnight occurring before a cartel could be got ready to convey them over, they were, by that time, perfectly recovered, and fit for any service.

There were only two instances occurred in which we were under the necessity of discontinuing the application,

plication, from the irritable and inflamed state of the surrounding parts ; but as soon as these symptoms were removed, by the use of saturnine poultices, the circular adhesive strips, with the spiral roller, were again applied. If the patient complained of pain, and general uneasiness in the limb, the whole was frequently moistened with cold water, or a weak solution of *Cerussa Acetata*.

They were not confined to their beds, except on some very particular occasions, or debarred from moderate exercise in the area, and they were commonly on the hospital full diet. All internal remedies were wholly omitted as useless, except now and then something gently aperient, such as *Inf. Sen. Mag. Vitriol.* and *Pul. Rhei*.

It very rarely occurred that we did not begin the uniting process the second day after the patient was admitted, but sometimes it was found necessary to commence with the refrigerant poultices for two or three days, never beyond the fourth. It is to be remembered, that all that has been said with respect to the great success attending this practice does not apply to cancerous, scrophulous, and venereal Ulcers
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depending on a carius of some bone. These depending on an internal and constitutional taint, require remedies for their removal of a different description, and when such Ulcers do occur it cannot be expected that the above practice will be attended with any advantage.

Ulcers depending generally on local affections, are only to be successfully combated by topical or local applications. This doctrine is fully proved, beyond cavil or doubt, from their rapid removal under the already mentioned system.

It may be remarked as an extraordinary circumstance that the simplicity of the process had not led to a more early discovery, a proof how frequently we wander in search of abstruse and complex remedies, for the cure of simple diseases. Nature is generally plain, uniform, and consistent in her movements.

The cure of recent wounds by the first intention (as it is usually called) might have suggested the first idea of this practice. We know that large and extensive surfaces are speedily and effectually healed, by bringing the incised parts into close contact, and retaining them in that position with slips of adhesive plaister, supported by rollers of cotton or flannel.

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The enormous and frightful wounds arising from amputations of the thigh, leg, &c. are often cured in the short space of three weeks or less, when an Ulcer not larger in circumference than a shilling has baffled the skill of an expert and able Surgeon for as many months, and sometimes years.

The value and utility of this mode of treating Ulcers I have experienced with the greatest satisfaction, and that it will succeed almost in every case where due attention is paid to the patient, and where an hereditary or a contagious taint does not exist to oppose it, with now and then some little variation, I have no hesitation to declare.

I am confident, were the practice introduced into the Navy, and acted upon, many valuable lives might be saved to the public, and to their families, besides relieving numbers from a state of the most disgusting misery and distress.

I thought it but justice to the Author, and a duty incumbent on me as a servant to the Public, thus to point out to you, Gentlemen, the great advantages arising from the Treatment of Ulceration by the New Plan.